



Governor's Council on Disability 12th Annual Youth Leadership Award

The Governor's Council on Disability's annual Youth Leadership Award program recognizes and honors Missouri youth (ages 16-26) with a disability that demonstrate leadership skills and advocate for positive changes and inclusive practices for the disability community. These leadership and advocacy efforts can be demonstrated at a local, regional, or state level.

Please answer the following questions to submit your nomination.

Nominee Information

First Name

Last Name

Age of Nominee (nominee must be between 16-26 years of age)

Organization nominee represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

Nomination Questions

Please select the areas where the nominee has shown leadership and advocacy efforts

(Please select all that apply)

- High School
- College/University
- Tech or Trade School
- Place of Employment
- Club or Organization
- Community
- Regional Level
- State Level
- Other

Nomination Essay

Please describe how the nominee has demonstrated leadership skills and advocacy efforts to improve the inclusion of individuals with disabilities.

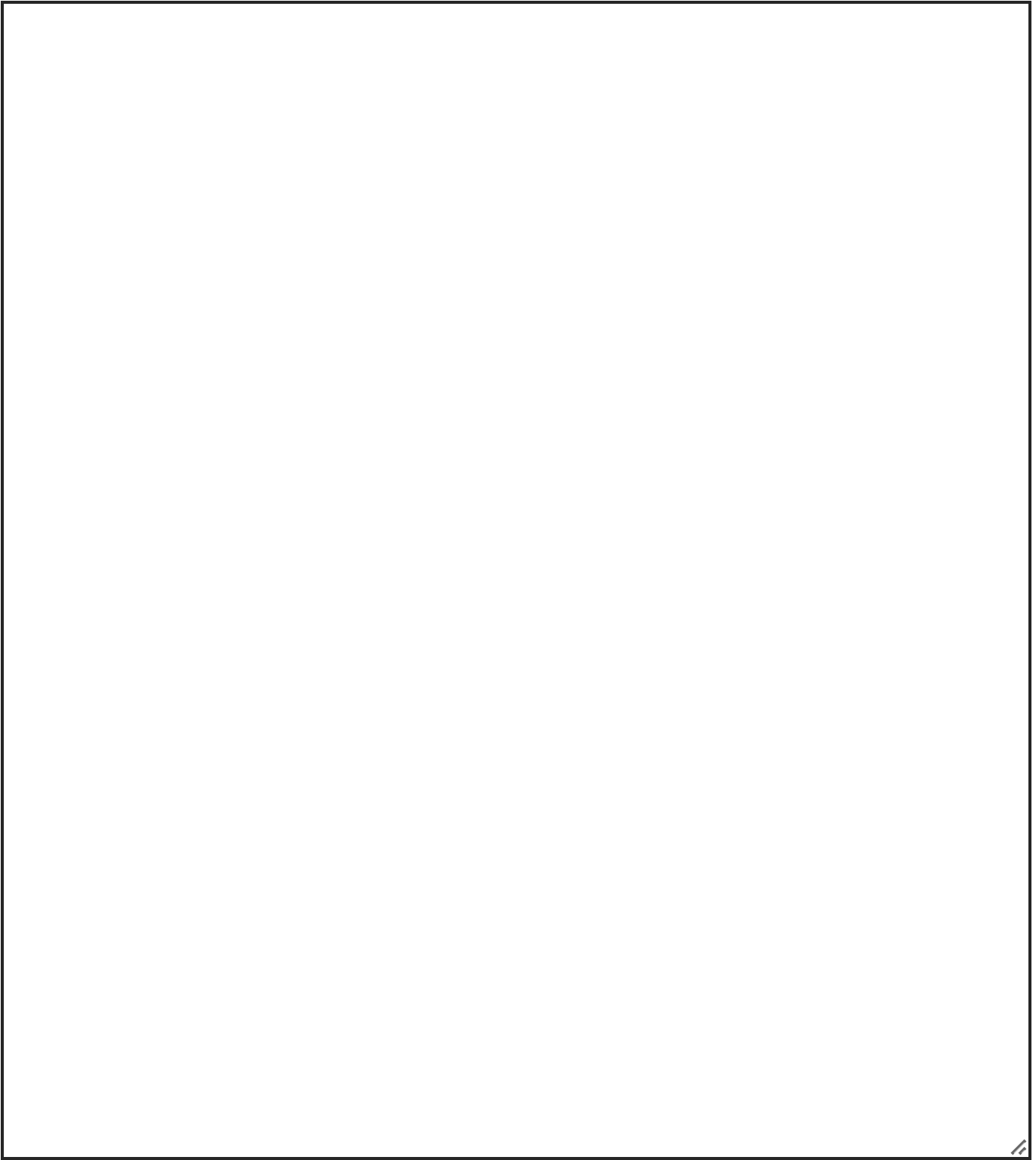
Demonstrate how their efforts have brought positive changes and inclusive practices for the disability community.

To support your nomination, you may include information about

- * Academic Achievements
- * Extra Curricular Activities

- * Community Service Activities
- * Work or Vocational Experiences
- * Volunteer Services

(The essay can either be typed in the space below, or uploaded as a Word or PDF document. Please limit your essay to 750 words)



Nomination Essay (attach only if not typed above)

Supporting document (optional)

Examples: Letter of support, newspaper article or published materials about the nominee

Nominator Information

Nomination submitted by:

First Name

Last Name

Organization nominator represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

References

Please provide two references to verify the scope and extent of the nominee's activities. References must be familiar with the nominee's achievements, but not be a family member or relative of the nominee.

Reference I

First Name

Last Name

Organization reference represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

Reference II

First Name

Last Name

Organization reference represents (if applicable)

Street address

City

State

Zip Code

Phone number

Email address

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